

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7	1					
8		1				
9		1				
10		1				
11	1					
12		1				
13		10				
14		(1)		5		
15	1					
16			1			
17						
18			1			
19			1			
20			1			
21				1		
22						
23			1			
24				1		
25				1		
26				1		
27				1		
28					1	
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		6			
TOTAL DEP.	17		16			
TOTAL CLAIMS	21		22			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						